State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department

Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

DISTRICT II

P.O. Box 2088

P.O. Box Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-31991

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil / Gas Lease No. B-1031

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI
(FORM C-101) FOR SUCH PROPOSALS.

7. Lease Name or Unit Agreement Name
NEW MEXICO 'AB' STATE

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

2. Name of Operator
CHEVRON USA INC

8. Well No. 10

3. Address of Operator   15 SMITH RD, MIDLAND, TX 79705

9. Pool Name or Wildcat
VACUUM DRINKARD

4. Well Location

Unit Letter ___J___ : ___2985~~2310~~___ Feet From The __SOUTH__ Line and __1872~~2110~~__ Feet From The __EAST__ Line

Section __6__   Township __18-SO__   Range __35-EA__   NMPM _____ __LEA__ COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.)   GR-3975', KB-3989'

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPERATION	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER: REQUEST FOR TA EXTENSION	☑			OTHER:			☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

CHEVRON U.S.A. INC. RESPECTFULLY REQUESTS THAT THE SUBJECT WELL BE PRESSURE RE-TESTED FOR A TA EXTENSION.

CIBP IS @ 7550'
TEST CSG TO 500 PSI FOR 30 MINUTES.
CHART FOR NMOCD.

RETURN STATUS TO TEMPORARILY ABANDONED.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _(signed) Denise Pinkerton_   TITLE **Regulatory Specialist**   DATE __8/15/2006__

Telephone No. 432-687-7375

TYPE OR PRINT NAME   **Denise Pinkerton**

(This space for State Use)
APPROVED _(signed) Gary W. Wink_   TITLE OILFIELD REPRESENTATIVE II/STAFF MANAGER   DATE   AUG 1 7 2006
CONDITIONS OF APPROVAL, IF ANY: